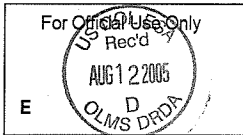


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5747</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>David</u> <u>S</u> <u>Blitzstein</u> P.O. Box, Bldg., Room No., if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	4. Name, file number, and address of labor organization. Name <u>UFCW International Union</u> Labor Organization File Number <u>000 056</u> P.O. Box, Building and Room Number, if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Director, Negotiated Benefits Dept.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>David S. Blitzstein</u>	On <u>08/11/2005</u> Date	<u>202-223-3111</u> Telephone Number

Name of Person Filing David Blitzstein	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UPCW National Health & Welfare Plan</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 66 Grand Avenue</p> <p>City Englewood</p> <p>State New Jersey ZIP Code + 4 07631</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>Plan receives contributions pursuant to Collective Bargaining Agreements and pays benefits to UPCW members. Amount in 11b refers to 2004 plan year contributions.</p>
	<p>11.b. Approximate dollar value of such dealing. \$52,797,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Hotels Business Meals Ground Transportation</p> <p>Plan charges are on a per person basis which generally overstates the amount attributable to respondent.</p>
	<p>12.b. Amount. \$700</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name SPC Capital</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 1142 Stratford Road</p> <p>City Deerfield</p> <p>State Illinois ZIP Code + 4 60015</p>	<p>14.a. Nature of payment.</p> <p>Business Meal; no receipt was obtained value stated in 14b is approximate.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$50</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Landmark Capital

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 760 Hopemeadow Street

City Simsbury

State Connecticut

ZIP Code + 4 06070

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2600

Street 303 East Ohio Street

City Chicago

State Illinois

ZIP Code + 4 60611

11.a. Nature of such dealing.

Trust is an investor in Landmark Capital pursuant to decision of a professional investment manager.

11.b. Approximate dollar value of such dealing.

\$100,000

12.a. Nature of interest held or income received.

Business Meal; no receipt was obtained, value stated in 12b is approximate.

12.b. Amount.

\$50

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Multi-Employer Property Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 925

Street 700 13th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20005

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2600

Street 303 East Ohio Street

City Chicago

State Illinois ZIP Code + 4 60611

11.a. Nature of such dealing.

The Fund is an investor in multiemployer property trust, which is a professional real estate asset manager.

11.b. Approximate dollar value of such dealing.

\$546,900

12.a. Nature of interest held or income received.

Two business meals, Holiday Gift (nuts); no receipts were obtained; value stated in 12b is approximate.

12.b. Amount.

\$150

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>The Segal Company</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 500</u></p> <p>Street <u>1920 N Street, NW</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>UFCW Industry Pension Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 2600</u></p> <p>Street <u>303 East Ohio Street</u></p> <p>City <u>Chicago</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60611</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides actuarial consulting services to the fund.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$794,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Two business dinners; no receipts were obtained; value stated in 12b is approximate.</u></p> <p>12.b. Amount. <u>\$200</u></p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 1920 N Street, NW

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provides employee benefit consulting services to the union.

11.b. Approximate dollar value of such dealing.

\$55,600

12.a. Nature of interest held or income received.

Two business dinners; no receipts were obtained, value stated in 12b is approximate.

12.b. Amount.

\$170

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Zenith Administrators, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 541 North Fairbanks Court

City Chicago

State Illinois

ZIP Code + 4 60611

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2600

Street 303 East Ohio Street

City Chicago

State Illinois

ZIP Code + 4 60611

11.a. Nature of such dealing.

Zenith is the third party administrator of the fund.

11.b. Approximate dollar value of such dealing.

\$5,822,000

12.a. Nature of interest held or income received.

Holiday Gift (smoked fish); 14 meals at various trustee or trust administration meetings; meal values are based on per person charge, which overstates amount attributable to respondent.

12.b. Amount.

\$760

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GESD Capital Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1450

Street 221 Main Street

City San Francisco

State California ZIP Code + 4 94105

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2600

Street 303 East Ohio Street

City Chicago

State Illinois ZIP Code + 4 60611

11.a. Nature of such dealing.

Trust is an investor in GESD Capital Partners pursuant to decision of a professional investment manager.

11.b. Approximate dollar value of such dealing.

\$87,500

12.a. Nature of interest held or income received.

Business Dinner and Christmas Gift (holiday basket).

12.b. Amount.

\$237

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UFCW Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2600

Street 303 East Ohio Street

City Chicago

State Illinois ZIP Code + 4 60611

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Plan receives contributions pursuant to Collective Bargaining Agreements and pays benefits to UFCW members. Amount in 11b refers to 2004 plan year contribution.

11.b. Approximate dollar value of such dealing.

\$84,204,000

12.a. Nature of interest held or income received.

Business meals; hotel rooms; airfare; and ground transportation.

These expenses are for attendance at 7 separate meetings over 21 days in separate cities.

12.b. Amount.

\$17,220

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Boston Partners</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>524 Ramona Street</u></p> <p>City <u>Palo Alto</u></p> <p>State <u>California</u> ZIP Code + 4 <u>94301</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>UPCW Industry Pension Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 2600</u></p> <p>Street <u>303 East Ohio Street</u></p> <p>City <u>Chicago</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60611</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Asset Manager for the fund.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$447,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Dinner, recep & trans @ trust fund mtg; the total cost was approx.\$620, including, pro-rated cost of the room in which the recep. was held & flowers used to decorate. The meal & trans costs attributable to respondent are estimated to be approxately \$308.</u></p> <p>12.b. Amount. <u>\$308</u></p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Lazard Freres Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 57th Floor

Street 30 Rockefeller Plaza

City New York

State New York ZIP Code + 4 10020

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2600

Street 303 East Ohio Street

City Chicago

State Illinois ZIP Code + 4 60611

11.a. Nature of such dealing.

Asset Manager for the fund.

11.b. Approximate dollar value of such dealing.

\$1,126,000

12.a. Nature of interest held or income received.

Business reception - Charges are on a per person basis which generally overstates the amount attributable to respondent.

12.b. Amount.

\$120

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Slevin & Hart</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 450</u></p> <p>Street <u>1625 Massachusetts Avenue, N.W.</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides legal services to the union and to various union trust funds; amount in 11b refers to legal services to the union.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$54,820</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Three business lunches regarding legal services to the union; no receipt was attained; value stated in 12b is approximate.</u></p> <p>12.b. Amount. <u>\$90</u></p>

Name of Person Filing David Blitzstein	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Goldman, Sachs & Co Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 32 Old Slip City New York State New York ZIP Code + 4 10005	14.a. Nature of payment. One educational conference and two meals at the conference; amount for meals is based upon per person charges, which overstate the amount attributable to respondent.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$310

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Central Ohio Pension

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4150 East Main Street

City Columbus

State Ohio

ZIP Code + 4 43213

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Plan receives contributions pursuant to Collective Bargaining Agreements and pays benefits to UFCW members. Amount in 11b refers to 2004 plan year contributions.

11.b. Approximate dollar value of such dealing.

\$7,335,000

12.a. Nature of interest held or income received.

Business Meals over 4 separate meetings. Value stated in 12b is approximate.

12.b. Amount.

\$100

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Coordinating Committee

Trade Name, if any: for Multiemployer Plans

P.O. Box, Bldg., Room No., if any

Street 815 16th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Lobbying Organization and Regulatory Liason on Multi-employer Plan activities.

11.b. Approximate dollar value of such dealing.

\$25,000

12.a. Nature of interest held or income received.

One Dinner and a Speaker Gift

12.b. Amount.

\$168